

Attachment 1

Proposal Cover Page

Name of Bidding Firm (*Legal name as it will appear on the contract*)

Mailing Address (*Street address, P.O. Box, City, State, Zip Code*)

Person authorized to act as the contact for this firm in matters regarding this proposal:Printed Name (*First, Last*):

Title:

Telephone number:

Fax number:

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Person authorized to obligate this firm in matters regarding this proposal or the resulting contract:Printed Name (*First, Last*):

Title:

Telephone number:

Fax number:

()

()

(CORPORATIONS) Name/Title of person authorized by the Board of Directors to sign this bid on behalf of the Board:Printed Name (*First, Last*):

Title:

Signature of Bidder or Authorized Representative

Date:

Attachment 2

Required Attachment / Certification Checklist

I understand that DHS may construe any modifications, conditions, alterations, additions, deletions, or changes to the language contained in Attachment 2 to the RFP as being non-responsive. I certify that my firm meets the following requirements:

Qualification Requirements:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> No	My firm possesses at least three years of the relevant experience described in Item 1 of the RFP section entitled, "Qualification Requirements." That experience occurred within the past five years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	My firm has read and is willing to comply with the terms, conditions and contract exhibits addressed in the RFP section entitled, "Contract Terms and Conditions".	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	(Corporations) My firm is in good standing and qualified to conduct business in California. [Check "N/A" if not a Corporation.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	(Nonprofit Organizations) My firm is eligible to claim nonprofit status. [Check "N/A" if not a nonprofit organization.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	My firm has a past record of sound business integrity and a history of being responsive to past contractual obligations. My firm authorizes the State to confirm this claim.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	My firm is financially stable and solvent and has adequate cash reserves to meet all financial obligations while awaiting reimbursement from the State.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	My firm has complied with the DVBE actual participation and/or good faith effort requirements as instructed in the DVBE Instructions / Forms (Attachment 9).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	My firm has no conflict of interest and has submitted the required certification and documentation necessary to prove this claim (Attachment 13).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical Proposal format and content.		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> No	My firm complied with the Technical Proposal format requirements and my firm submitted one Original Set, and five (5) copies, and one (1) CD-ROM of the Technical Proposal. My proposal is assembled in the following order:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Proposal Cover Page (Attachment 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Technical Proposal Transmittal Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Table of Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Proposer Capability Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Work Plan Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Management Plan Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Project Personnel Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Facilities and Resources section	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Attachment 2

Appendix section:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	(Corporations) A copy of your firm's most current Certificate of Status issued by the Secretary of State's Office or a copy of the firm's <u>active</u> on-line status information from the California Business Portal website. Explain if the required document cannot be attached. [Check "N/A" if not a corporation]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	(Nonprofit Organizations) An IRS determination letter proving my firm's eligibility to claim nonprofit and/or tax exempt status. [Check "N/A" if you are not claiming nonprofit status.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	An organization chart.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Copies of annual financial statements for the Proposer's past two fiscal years and subsequent quarterly statements up to the latest completed quarter prior to submission of the Proposal (i.e., annual and quarterly income statements, annual and quarterly balance sheets, and annual Statement of Cash Flow (at a minimum for the last fiscal year)).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Resumes of the Proposer's staff (i.e., professional, managerial, supervisory, Senior Health Care Actuary, Project or Program Manager, Program or Project Director, Contract Manager) who will play a major administrative, policy or consulting role in carrying out the project work.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Resumes for each subcontractor or independent consultant, if any, which will serve a major role in performing the services. [Check "N/A" if you will not use subcontractors or consultants.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Letters of agreement, signed by each subcontractor and independent consultant or applicable explanation. [Check "N/A" if you will not use subcontractors or consultants.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attestations from Proposer, each subcontractor (including independent consultant), if any, and parent organization, if any, that the contract will be a high priority to each entity, and that each entity is committed to supplying any necessary resources to meet its contractual obligations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Form section:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 2, Required Attachment / Certification Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 3, Proposer Information Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 4, Client References	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 5, RFP Clause Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 6, CCC 304 – Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Attachment 7, Payee Data Record. [Check "N/A" if you have had a prior contract with DHS.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Attachment 8, Follow-on Consultant Contract Disclosure	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Actual DVBE Participation (Attachment 9a) and DVBE certifications for each subcontractor or supplier listed. Complete this form according to the instructions in Attachment 9 if you attained partial or a full 3% DVBE participation. [Indicate "N/A" if you achieved zero participation and chose to complete the good faith effort form.]	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Continue to next page)

Attachment 2

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Good Faith Effort (Attachment 9b) and applicable GFE documentation. Complete this form if you did not attain a full 3% DVBE participation. [Check "N/A" if you achieved a full 3% DVBE participation and submitted Attachment 9a.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Attachment 10, Target Area Contract Preference Act Request. [Check "N/A" if you are not applying for TACPA preference.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Attachment 11, Enterprise Zone Act (EZA) Preference Request. [Check "N/A" if you not applying for EZA preference.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 12, Small Business Preference.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/>	Attachment 13, Conflict of Interest Compliance Certificate. If a suspected or potential conflict of interest does exist (see form), is additional information attached along with a Conflict Avoidance Plan to address the possible conflict of interest.	<input type="checkbox"/> Yes <input type="checkbox"/>
Cost Proposal format and contents:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> No	My firm complied with the Cost Proposal format requirements and my firm submitted one Original Set, and five (5) copies, and one (1) CD-ROM of the Cost Proposal in a container separate from the Technical Proposal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 16, Cost Proposal form. Form is signed. Corrections, if any, have been initialed. All billable hour figures have been double-checked for accuracy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	If my firm is identified in the Notice of Award, my firm will provide the Escrow Bid Documents within three days after the posting of the Notice of Intent to Award in compliance with the RFP Content Requirements Section.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Firm:		
Printed Name/Title:		
Signature		Date:

Compliance Review completed by Evaluator _____

Date: _____

Attachment 3

Proposer Information Sheet

Our cost proposal is attached. A signature affixed hereon and dated certifies compliance with all bid requirements. Our signature authorizes the State to verify the claims made on this certification.

Name of Firm:		CA Corp. No. (If applicable)		Federal ID Number	
Name of Principal (If not an individual):		Title:		Telephone Number	
Street Address / P.O. Box		City		State	
				Zip Code	

Type of Business Organization / Ownership (Check all that apply)

Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Joint venture <input type="checkbox"/> Association	Corporation <input type="checkbox"/> Nonprofit <input type="checkbox"/> For Profit <input type="checkbox"/> Private <input type="checkbox"/> Public	Governmental <input type="checkbox"/> City/County, California State Agency, Federal Agency, State (other than California) <input type="checkbox"/> Other: _____	Other Type of Entity <input type="checkbox"/> Public or Municipal Corporation, School or Water District, California State College, University of California, Joint Powers Agency <input type="checkbox"/> Auxiliary College Foundation <input type="checkbox"/> _____
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California Certified Small Business Status ☐ N/A ☐ Microbusiness ☐ Small business

☐ Certified By DGS Certification No: _____ Expiration Date: _____

If certified, attach a copy of certification letter. **If an application is pending, date submitted to DGS:** _____

Small Business Type (If applicable) ☐ N/A ☐ Services ☐ Non-Manufacturer ☐ Manufacturer

☐ Contractor (Construction Type): _____ ☐ Contractor's License Type: _____

Veteran Status of Business Owner ☐ N/A

☐ Disabled Veteran Certified by DGS Certification No. _____ Expiration Date: _____

If certified, attach a copy of certification letter. **If an application is pending, date submitted to DGS:** _____

Disadvantaged Business Enterprise Status: ☐ N/A ☐ Approved by the Cal Trans, Office of Civil Rights.

Certification number issued by Cal Trans: _____ Expiration Date: _____

Race/Ethnicity of Business Owner ☐ N/A

Owner's Ethnicity (check one) <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific-Asian <input type="checkbox"/> Other _____	Owner's Race (check one) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	If Asian or Native Hawaiian or Pacific Islander (check one): <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other _____
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Sex of Business Owner ☐ N/A (Not independently owned) ☐ Male ☐ Female

Indicate applicable licenses and/or certifications possessed: ☐ N/A

Contractor's State Licensing Board No.	PUC License Number CAL-T-	Required Licenses/Certifications (If applicable)
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Signature	Date Signed
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Printed/Typed Name	Title
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Public Records Information

The above information is required for statistical and/or bidding purposes. Completion of this form is mandatory. This information will be made public upon award of the contract and will be supplied to DHS' Contract Management Unit, Department of General Services and possibly other public agencies. To access your contract related records, contact the Contract Management Unit, 1501 Capitol Avenue, Suite 71.2101, MS 1403, P.O. Box 997413, Sacramento, CA 95899-7413, telephone number (916) 650-0100.

Client References

List 3 clients served in the past 5-years for which you provided similar services. List the most recent first.

REFERENCE 1

Name of Firm

Street address

City

State

Zip Code

Contact Person

Telephone number
()

Dates of service

Value or cost of service

Brief description of service provided

REFERENCE 2

Name of Firm

Street address

City

State

Zip Code

Contact Person

Telephone number
()

Dates of service

Value or cost of service

Brief description of service provided

REFERENCE 3

Name of Firm

Street address

City

State

Zip Code

Contact Person

Telephone number
()

Dates of service

Value or cost of service

Brief description of service provided

If three references cannot be provided, explain why:

Attachment 5**RFP Clause Certification**

I, the official named below, Certify Under Penalty of Perjury that I am duly authorized to legally bind the prospective Contractor to the certification clauses located in the RFP section entitled, "Bidding Certification Clauses". This certification is made under the laws of the State of California.

Name of Bidding Firm (Printed)	Federal ID Number
By (<i>Authorized Signature</i>)	
Printed Name and Title of Person Signing	
Date Executed	Executed in the County of:

CCC 304 - CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>Contractor/Bidder Firm Name (Printed)</i>	<i>Serial ID Number</i>
<i>Authorized Signature)</i>	
<i>Printed Name and Title of Person Signing</i>	
<i>Date Executed</i>	<i>Executed in the County of</i>

CONTRACTOR CERTIFICATION CLAUSES

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (GC 12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)
2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:
 - a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
 - b. Establish a Drug-Free Awareness Program to inform employees about:
 - 1) the dangers of drug abuse in the workplace;
 - 2) the person's or organization's policy of maintaining a drug-free workplace;
 - 3) any available counseling, rehabilitation and employee assistance programs; and,
 - 4) penalties that may be imposed upon employees for drug abuse violations.
 - c. Every employee who works on the proposed Agreement will:
 - 1) receive a copy of the company's drug-free workplace policy statement; and,
 - 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: (1) the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)

3. **NATIONAL LABOR RELATIONS BOARD CERTIFICATION:** Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court which orders Contractor to comply with an order of the National Labor Relations Board. (PCC 10296) (Not applicable to public entities.)
4. **UNION ORGANIZING** Contractor hereby certifies that no request for reimbursement, or payment under this agreement, will seek reimbursement for costs incurred to assist, promote or deter union organizing.

Attachment 6**CCC 304 - CERTIFICATION**

5. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003. Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State. Failure to make a good faith effort may be taken into account when determining the award of future contracts with the State for legal services.
6. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with State of California.
7. SWEATFREE CODE OF CONDUCT:
- a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.
- b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph a.
8. DOMESTIC PARTNERS: Commencing on July 1, 2004 Contract certifies that it is in compliance with Public Contract Code Section 10295.1 with regard to benefits for domestic partners. For any contracts executed or amended, bid packages advertised or made available, or sealed bids received on or after July 1, 2004 and prior to January 2007, a contractor may require an employee to pay the costs of providing additional benefits that are offered to comply with PCC 10295.1.

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, state, and local (including school districts), are not required to submit this form.										
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td style="width: 50%; border: none;">E-MAIL ADDRESS</td> </tr> <tr> <td style="border: none;">MAILING ADDRESS</td> <td style="border: none;">BUSINESS ADDRESS</td> </tr> <tr> <td style="border: none;">CITY, STATE, ZIP CODE</td> <td style="border: none;">CITY, STATE, ZIP CODE</td> </tr> </table>			SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS	MAILING ADDRESS	BUSINESS ADDRESS	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE		
SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS										
MAILING ADDRESS	BUSINESS ADDRESS										
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE										
3	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): - 		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.								
PAYEE ENTITY TYPE CHECK ONE BOX ONLY	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </td> <td style="width: 33%; vertical-align: top;"> CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: - - </td> </tr> </table> <p style="text-align: center; font-size: small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</p>			<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST	CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS	<input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: - - 					
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST	CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS	<input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: - - 									
4	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td>California resident—qualified to do business in California or maintains a permanent place of business in California.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>California nonresident (see reverse side)—Payments to nonresidents for services may be subject to State income tax withholding.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No services performed in California.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Copy of Franchise Tax Board waiver of State withholding attached.</td> </tr> </table>			<input type="checkbox"/>	California resident—qualified to do business in California or maintains a permanent place of business in California.	<input type="checkbox"/>	California nonresident (see reverse side)—Payments to nonresidents for services may be subject to State income tax withholding.	<input type="checkbox"/>	No services performed in California.	<input type="checkbox"/>	Copy of Franchise Tax Board waiver of State withholding attached.
<input type="checkbox"/>	California resident—qualified to do business in California or maintains a permanent place of business in California.										
<input type="checkbox"/>	California nonresident (see reverse side)—Payments to nonresidents for services may be subject to State income tax withholding.										
<input type="checkbox"/>	No services performed in California.										
<input type="checkbox"/>	Copy of Franchise Tax Board waiver of State withholding attached.										
5	<p style="text-align: center;">I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</td> <td colspan="2" style="width: 50%; border: none;">TITLE</td> </tr> <tr> <td style="border: none;">SIGNATURE</td> <td style="width: 30%; border: none;">DATE</td> <td style="width: 20%; border: none;">TELEPHONE ()</td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE		SIGNATURE	DATE	TELEPHONE ()		
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE										
SIGNATURE	DATE	TELEPHONE ()									
6	<p>Please return completed form to:</p> <p>Department/Office: <u>Department of Health Services</u></p> <p>Unit/Section: <u>Office of Medi-Cal Procurement</u></p> <p>Mailing Address: <u>MS 4200 , P.O. Box 997413</u></p> <p>City/State/ZIP: <u>Sacramento CA 95899-7413</u></p> <p>Telephone: <u>(916) 255-6032</u> FAX: <u>(916) 323-7456</u></p> <p>E-Mail Address: <u>OMCPRFP9@dhs.ca.gov</u></p>										

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003) (Page 2)

1	<p>Requirement to Complete Payee Data Record, STD. 204</p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>						
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>						
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>						
4	<p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table border="0"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address: wscs.gen@ftb.ca.gov</td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website: www.ftb.ca.gov</td> </tr> </table>	Withholding Services and Compliance Section:	1-888-792-4900	E-mail address: wscs.gen@ftb.ca.gov	For hearing impaired with TDD, call:	1-800-822-6268	Website: www.ftb.ca.gov
Withholding Services and Compliance Section:	1-888-792-4900	E-mail address: wscs.gen@ftb.ca.gov					
For hearing impaired with TDD, call:	1-800-822-6268	Website: www.ftb.ca.gov					
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>						
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>						

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.

All questions should be referred to the requesting State agency listed on the bottom front of this form.

Attachment 8

Follow-on Consultant Contract Disclosure

Background Information:

1. PCC Section 10365.5 generally prohibits a person, firm, or subsidiary thereof that has been awarded a consulting services contract from submitting a bid for and/or being awarded an agreement for, the provision of services, procurement of goods or supplies, or any other related action that is required, suggested, or otherwise deemed appropriate in the end product of a consulting services contract.
2. PCC Section 10365.5 does not apply to any person, firm, or subsidiary thereof that is awarded a subcontract of a consulting services agreement that totals no more than 10 percent of the total monetary value of the consulting services agreement.
3. Consultants/employees of a firm that provides consulting advice under an original consulting contract are not prohibited from providing services as employees of another firm on a follow-on contract, unless the persons are named contracting parties or named parties in a subcontract of the original contract.
4. PCC Section 10365.5 does not distinguish between intentional, negligent, and/or inadvertent violations. A violation could result in disqualification from bidding, a void contract, and/or imposition of criminal penalties.

Disclosure [Mark one (1) box]:

- ☐ I hereby certify that neither my firm nor any subcontractor that my firm intends to use under the contract resulting from this procurement, is currently providing consulting services to the state under a state contract (or as a subcontractor providing more than 10 percent of dollar value of a consulting service contract with the state) or has provided such services within five (5) years prior to the release of this RFP that are related in any manner to the services, goods, or supplies being acquired pursuant to this RFP. **[Sign below.] This option is likely to apply to bidding firms that do not currently and never have provided consultant services to the state.**
- ☐ Attached is a disclosure of current and/or prior consulting services provided by my firm or a proposed subcontractor to the state under a state contract within five (5) years prior to the release of this RFP that may be related in some manner to the services, goods, or supplies being acquired pursuant to this RFP. **[Sign below and attach to this document a detailed disclosure.]**

Name of Firm

Signature**Date Signed**

Printed/Typed Name**Title**

DVBE Instructions / Forms

Disabled Veteran Business Enterprise Participation (DVBE) Information

DVBE Definition (for this document only)

- A California firm whose ownership, daily management, and operational controls meets all statutory DVBE certification requirements, as documented by the possession of a certification letter issued by the Department of General Services, Office of Small Business and DVBE Certification [OSDC](hereafter referred to as DGS).

California Requirements

- The State of California requires a three percent (3%) participation level in state contracts to further disabled veteran business enterprise (DVBE) participation in California.
- Only DVBEs, possessing a current DVBE certification issued by DGS, may be claimed for participation. Over 600 DVBE firms are presently certified.

DHS Rights / Requirements

- Unless DVBE participation is exempted by DHS, a 3% DVBE participation level is required for all service contracts with a total value of \$10,000 or more.
- DHS reserves the right to exempt any contract from DVBE participation when it is determined to be in the Department's best interest to do so.
- DHS reserves the right to waive DVBE participation requirements at any time prior to the bid/proposal submission deadline. Said waivers may be announced by way of a faxed or written correction notice, administrative bulletin, or bid document addendum.

For answers or help, dial:

(916) 650-0117

- DHS reserves the right to waive "Good Faith Effort" advertising when DHS believes that bidding time lines do not permit sufficient advertising.
 - DHS reserves the right to contact bidders/proposers during the bidding/evaluation process to collect clarifying information or to request corrections, as necessary, to DVBE documentation.
 - **The accompanying instructions must be strictly followed.** Failure to do so may be grounds for bid/proposal disqualification.
Dial (916) 650-0117, if you have a question or need help.
-

DVBE Instructions

Participation Requirements of this Solicitation

- Each prime contractor must either achieve 3% DVBE participation **or** demonstrate that an adequate “Good Faith Effort” (GFE) was made to achieve DVBE participation.
 - Firms submitting bid responses with either less than 3% DVBE participation **and/or** a less than adequate GFE, will be deemed nonresponsive and ineligible to receive a contract award.
-

How to Calculate 3% Participation

- Unless instructed otherwise in the bid document, first determine the total dollar value/amount that will be bid, then multiply this figure by 3% to determine how much of the contract budget should be spent on DVBE supplied services, labor, supplies, materials, or equipment.
-

How to Meet Participation Requirements

1. ***If the prime contractor IS a DVBE***, commit to use your own workforce alone or in combination with other DVBEs to perform commercially useful services/functions equal to no less than 3% of the contract bid amount. If this fits your firm’s situation, do the following:

Go to page 7. On the form entitled “**Actual DVBE Participation**”, list your firm’s name, the name of other participating DVBEs, complete all items, and attach a copy of the DVBE certification issued by DGS to your firm and all other participating DVBE firms.

OR

2. ***If the prime contractor IS NOT a DVBE***, it must commit to use or subcontract out an amount equal to 3% of the total contract bid amount to qualified DVBE service providers and/or suppliers. If this fits your firm’s situation, do the following:

Go to page 7. On the form entitled “**Actual DVBE Participation**”, list the proposed DVBEs, complete all items, and attach a copy of each DVBE’s current DVBE certification issued by DGS.

OR

3. ***If the prime contractor IS NOT a DVBE, and the bid document is solely soliciting electronic data processing (EDP), information technology (IT), and/or telecommunications services, goods, supplies, equipment, and/or EDP and/or telecommunications services***, do the following:

Submit a copy of your firm’s “Notice of Approved DVBE Business Utilization Plan” issued by DGS’ Procurement Division (PD).

*Start right away,
do not delay.*

(Continued on the next page)

DVBE Instructions

**How to Meet
Participation
Requirements**
(continued)

Business Utilization Plans, when allowed, must be submitted to DGS' (PD) prior to the bid/proposal submission deadline and must be subsequently approved. ***Business Utilization Plans may not be submitted in lieu of actual DVBE participation or in lieu of performing the DVBE good faith effort process for construction or non-EDP or non-IT service contracts.***

*Start right away,
do not delay.*

Instructions and additional information about Business Utilization Plans may be obtained from:

Department of General Services – Procurement Division
Office of Small Business and DVBE Outreach and Education
707 Third Street, 2nd Floor
P.O. Box 989052
West Sacramento, CA 95798-9052

or by calling:

DGS' Receptionist at (800) 559-5529 or (916) 375-4400

OR

- 4. Conduct all five (5) steps of the “Good Faith Effort (GFE)”** process to show what efforts were made to achieve DVBE participation. If your firm is not a certified DVBE or your firm cannot achieve a full 3% DVBE participation level of the total contract bid amount, do the following:

Go to page 4. Follow the instructions for each of the 5 good faith effort steps. Document your firm's GFE efforts on the form entitled “Good Faith Effort” appearing on pages 8 and 9.

(Continued on the next page)

DVBE Instructions

GFE Steps /
Instructions

Document your GFE efforts on the form in this package entitled "Good Faith Effort".

Do not delay until the final days before your bid is due to start this process.

These five steps may require 4 weeks or more to complete.

NOTE:
This is a new requirement for DHS contracts →

1. Dial (916) 650-0117, the DHS Contract Management Unit voice mail telephone line, to obtain:
 - a. A referral to another state agency that provides a list of DVBE firms, publication resources, or other information.
 - b. Assistance in completing the DVBE forms in this package.
 - c. Answers to questions about DVBE participation and/or GFE documentation requirements.
2. Contact other state AND federal agencies AND local DVBE organizations for assistance in identifying potential DVBE service providers or suppliers.
 - a. Contact one or more California state agencies. The Office of Small Business and DVBE Certification (OSDC) program of DGS qualifies as one of these contacts. Dial DGS' live operator at (800) 559-5529 or (916) 375-4940; **OR** Dial DGS' 24-hour telephone recording line at (916) 322-5060 to obtain the current DVBE Resource Packet or visit DGS' Internet site at <http://www.dgs.ca.gov/osbcr> to download the complete list of certified DVBEs.
 - b. Contact one or more local California DVBE organizations listed in the DVBE Resource Packet.
 - c. Contact the Department of Defense Central Contractor Registration (CCR) for a listing of potential DVBEs via the following Internet site: <http://www.ccr.gov/>. SBA will not accept telephone contacts. Before using a DVBE referred by the Federal SBA to meet goal participation, verify that the named DVBE is registered with DGS as a certified California DVBE.
 - d. **Enter on the form entitled "Good Faith Effort":** Date/time of contact; name of organization contacted; contact method; and telephone number, e-mail, or Internet address. As proof of contacts at Internet websites, attach a copy of each Internet website page that you visit (e.g., DGS' OSDC and federal SBA).
3. Unless GFE advertising is waived by DHS due to time constraints, advertisements for DVBE service providers, subcontractors or suppliers must be placed in at least:
 - a. One "trade" publication related to a trade or industry, **and**
 - b. One "focus" publication whose ads are specifically distributed and focused to reach DVBE firms. **OR**
 - c. One publication that qualifies as both "trade" and "focus". See the DVBE Resource Packet for a listing of applicable publications.

(Continued on the next page)

DVBE Instructions

GFE Steps / Instructions (continued)

**Document your
GFE efforts on
the form in this
package entitled
“Good Faith
Effort”.**

*Do not delay until
the final days
before your bid is
due to start this
process.*

*These five steps
may require 4 or
more weeks to
complete.*

3c. GFE advertising instructions (continued)

- 1) Ad placement may be specifically directed to publications that distribute their ads to businesses in the geographical areas where the work will be performed.

- 2) **Ads should appear in publications 10–14 calendar days** prior to the date your bid or proposal response is due to be submitted to DHS. Ads for DHS procurements do not need to be publicized for any specific length of time.

Give potential subcontractors/suppliers ample time (i.e., no less than 3-5 working days) to respond to your ad(s), while allowing your firm sufficient time to seriously consider each firm that responds.

- 3) **Ads should contain** information similar to the following:

[Enter your company name]
Is seeking qualified DVBE vendors to provide
[Enter description/list of services/supplies, etc.]
in [Enter geographical service area/location, if applicable]
for DHS IFB/RFP [Enter DHS IFB/RFP number or Project Name]
Contact: [Enter your name, address, telephone number, fax number, and/or e-mail ID]
Submit qualifications by: [date/time] or
Submit bids by: [date/time]

- 4) Ads placed in general circulation newspapers including the *LA Times* or the *Sacramento Bee* are not acceptable.

- 5) If GFE advertising has not been waived by DHS, attach to the form entitled “**Good Faith Effort**” appearing on pages 8–9, either a copy of the ad(s) or a written description citing the exact wording of the ad(s). Indicate, in Step 3 on the Good Faith Effort form, the publication date, whether the publication is a trade publication, focus publication, or both, and whether an ad copy or written ad content is attached.

4. Transmit direct solicitations or invitations to bid to potential DVBEs, identified in Steps 2 and/or 3, by way of mail, telephone, personal e-mail, fax, or other method.

- a. Submit **a single sample** of one direct solicitation.

- b. If contact was by telephone, document the conversation, date of contact, person contacted, and business opportunities discussed.

(Continued on the next page)

DVBE Instructions

GFE Steps / Instructions (continued)

Document your GFE efforts on the form in this package entitled “Good Faith Effort”.

Do not delay until the final days before your bid is due to start this process.

These five steps may require 4 or more weeks to complete.

Participation and GFE forms appear in the pages that follow.

Use of Proposed DVBEs

- c. Submit a list of the DVBE firms to whom your firm transmitted direct solicitations (i.e., bidders list). Include each firm's name, address and telephone number.

5. Show that the interested DVBE firms that responded to your ad(s) and/or direct solicitations were considered. Bidding firms are strongly encouraged to achieve full or partial DVBE participation, when performing the GFE process.

- a. List the DVBE firms that responded to your ad(s) or direct solicitations, if any. If no responses are received, indicate “none”, as instructed in Step 5 on page 9.

For each DVBE listed in Step 5 on page 9, indicate if your firm:

- 1) **WILL USE** the DVBE for a specific percentage amount of your bid. For each firm you will use, do the following:

List the name of these DVBEs on the form entitled “**Actual DVBE Participation**”. Indicate whom the DVBE will contract with, the nature of their services or supplies, the claimed percentage of use, and their contracting tier. Attach, to this form, a copy of the current DVBE certification issued to the DVBE by DGS.

OR

- 2) **WILL NOT USE** the DVBE after giving consideration to such things as the DVBE's qualifications, availability, capacity to perform/deliver, location, reference checks, and/or the services offered or goods supplied, etc.

For each of these firms, indicate, in Step 5 on page 9, the business reason(s) for not choosing to use the DVBE.

If awarded the contract, the selected contractor must faithfully use each DVBE proposed for use and identified on the form entitled “**Actual DVBE Participation**”. Exceptions are only allowed if the contractor submits a Request for Substitution to the DHS Program Contract Manager and that request is subsequently granted by DHS.

Substitution instructions appear in the “Special Terms and Conditions” exhibit clause entitled “Use of Disabled Veteran Business Enterprises”. A copy of this exhibit is attached to the bid document and/or will be attached to the contract.

(Continued on the next page)

ACTUAL DVBE PARTICIPATION

NAME OF DVBE FIRM PROPOSED FOR USE (Prime is to enter its own name, if the Prime is a certified DVBE)	FIRM THAT DVBE WILL CONTRACT WITH (Prime is to enter "Self", if the Prime is a certified DVBE)	NATURE OF WORK OR GOODS TO BE PROVIDED BY DVBE	DVBE % Claimed	TIER (See legend below)

DVBE % Claimed: [Revised Feb. 2003]

Enter the percentage level of actual DVBE participation met, regardless of whether or not a full three percent (3%) of the total contract bid amount was achieved. **Participation may be expressed as a partial/fractional decimal percentage.** Do not enter any dollar figures in the "DVBE % Claimed" column. The budget sheets, if required, that are submitted in your proposal when responding to an RFP should reflect the DVBE service providers identified above, unless you are uncertain of the budget period in which the DVBE will be used.

TIER = 0 = Prime Contractor 1 = Subcontractor/Supplier to the Prime 2 = Subcontractor/Supplier to Level 1
 3 = Subcontractor/Supplier to Level 2, etc.

Attach to this form, a copy of the current DVBE certification issued by DGS for each DVBE listed in the first column. If a new or renewed certification request was recently approved by DGS, but the confirming certification has not yet been received, place a footnote next to the DVBE's name and indicate on this form "Cert Pending" or "Cert To Follow".

Unless specifically indicated in the bid document, DHS will not accept state or federal business utilization plans in lieu of meeting DVBE participation and/or GFE requirements.

If necessary or desired, this form may be photocopied or reproduced in a like form for use in your bid response. If you choose to render a like copy by computer or other means, the instructions appearing on pages 1–6 may be omitted.

Please do not return or include in the bid response, a copy of the DVBE instructions preceding this form.

Bidding/Proposing Firm's Name	Signature
Printed Name/Title	Date

GOOD FAITH EFFORT

Steps 1 and 2

Show the date and method of contact with DHS **and** show the contacts made with one or more other California state agencies **and** the Federal SBA **and** one or more California local DVBE organizations (see DGS' Resource Packet).

DATE OF CONTACT	TIME OF CONTACT	NAME OF AGENCY OR ORGANIZATION CONTACTED	CONTACT METHOD (Enter voice mail, internet access, or name of person contacted)	PHONE NUMBER, E-MAIL, OR WWW ADDRESS
		Dept. of Health Services		(916) 650-0205
		Dept. of General Services' Small Business and DVBE Certification	Voice mail	(916) 375-4940 (800) 559-5529
		Dept. of General Services' Small Business and DVBE Certification	Internet access **	dgs.ca.gov/osbcr
		Dept. of Defense Central Contractor Registration (CCR)	Internet access only **	http://www.ccr.gov
			** Attach one copy of each Internet website page that you visit as proof of this portion of your good faith effort.	

Step 3

Show proof of advertising in one trade and one DVBE focus publication, **OR** one publication qualifying as both a trade and a DVBE focus publication. Be certain to attach the appropriate ad copies or other cited documentation.

NAME OF PUBLICATION SOURCE	PUBLICATION DATE(S)	TYPE OF PUBLICATION Check the one that applies.			COPY OF AD ATTACHED	AD CONTENT ATTACHED
		Trade	Focus	Both		

Step 4

Show proof that direct invitations to bid were transmitted to potential DVBEs by way of mail, telephone, personal e-mail, fax, or other method.

A. Attach, to this form, a **single sample** of an invitation to bid or solicitation that was transmitted directly to potential DVBEs. You may attach:

- One copy of the letter used to solicit bids from potential DVBEs, **or**
- One copy of the narrative content of an e-mailed invitation to bid sent to potential DVBEs, **or**
- A description of the verbal dialog with potential DVBEs, including date of contact, person contacted, and business opportunities discussed.

B. Attach to this form a copy of the DVBE bidder list. This is the list of DVBE firms to whom direct solicitations or invitations to bid were transmitted.

- Include each DVBE firm's name, address, and telephone number.

(Continued on the next page)

Step 5

[illegible]

For each entry in Column 2A, transfer the firm's name and claimed percentage value to the form entitled "**Actual DVBE Participation**". Complete Column 2A, only for those DVBEs that your firm fully intends to use. An entry in Column 2A will impose an obligation on your firm to use the DVBE firm shown for the percentage value claimed. **Participation may be expressed as a partial/fractional decimal percentage.**

Complete Column 3 for each "X" placed in Column 2B. In Column 3, indicate the business reason(s) for not selecting the DVBE firm.

Sole authority rests with DHS to determine whether or not a bidder/proposer has successfully documented actual DVBE participation and/or whether a bidder/proposer has made an adequate GFE to achieve participation. Bidders/proposers may, at their sole option, choose to submit both forms in this package (documenting both full participation and a GFE) as insurance against a finding that the actual participation claimed is unacceptable.

Should a bidder/proposer choose to do so, it may fax its proposed DVBE participation and/or Good Faith Effort forms to DHS at (916) 323-4091 for a preliminary acceptance review, prior to submitting these forms in a bid/proposal response. Do not transmit any other bid response materials to this telephone number. Preliminary DVBE acceptance reviews will be completed within 3 working days of receipt.

Bidding/Proposing Firm's Name		Signature	
Printed Name/Title			Date

ATTACHMENT 10

STD 830 (REV. 4/2002) (FRONT)

TARGET AREA CONTRACT PREFERENCE ACT PREFERENCE REQUEST FOR GOODS AND SERVICES SOLICITATIONS

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES
DISPUTE RESOLUTION AND PREFERENCE PROGRAMS

Complete this form to request TACPA preferences for this bid.

SOLICITATION NUMBER	AGENCY/DEPT
	Dept. of Health Services (DHS)

Target Area Contract Preference Act (TACPA) preferences are available only if the lowest responsible bid and resulting contract exceeds \$100,000. Your firm must be California based. You must certify, under penalty of perjury, to perform either 50% of the labor hours required to complete a contract for GOODS, or 90% of the labor hours required to complete a contract for SERVICES in the Target Area Contract Preference Act zone(s) you identify in Section I. The TACPA provides bid selection preferences of 5% for eligible worksites (Section I), and a 1% to 4% for hiring eligible workforce employees (Section II). To identify Census Tract and Block Group Numbers or acquire Maps, contact the city or county Planning Development Commission for the intended worksite.

Section I. 5% WORKSITE(S) PREFERENCE ELIGIBILITY AND LABOR HOURS

Preference may be denied if you do not provide the following required information:

- (1) Identify each and every firm to perform 5% or more of the total contract labor hours required to complete this contract.
- (2) List complete addresses for each firm named below.
- (3) Report projected number of labor hours required to perform the contract for each firm named below.
- (4) Enter the CENSUS TRACT number.
- (5) Enter the BLOCK GROUP number.
- (6) Identify the California designated TACPA worksite(s) by entering the proper **Criteria** letter A, B, C, D, E, F (See reverse for instructions) in the Criteria column. **Note:** for each worksite qualified by Criteria C, D or F, the bidder shall attach a US Census Map showing the cited Tract/Block Group numbers and the company worksites to this request.

(1) FIRM NAME and CONTRACT FUNCTION: (Manufacturing, transportation, shipping, warehousing, admin., etc.) Use additional pages, as needed, to fully report worksite information.	(2) WORKSITE ADDRESS Street Address, City, County, State, Zip Code	(3) PROJECTED LABOR HOURS	COMPLETE FOR ALL SITES LOCATED WITHIN A TACPA PREFERENCE AREA(S)		
			(4) TRACK NUMBER	(5) BLOCK NUMBER	(6) CRITERIA (A - F)
TOTAL PROJECTED LABOR HOURS:					

Section II. 1% TO 4% WORKFORCE PREFERENCE

Bidders must qualify their company worksite eligibility to request an additional 1% to 4% workforce preference in Section II.

- ☐ I request a 1% preference for hiring eligible persons to perform 5 to 9.99% of the total contract labor hours.
- ☐ I request a 2% preference for hiring eligible persons to perform 10 to 14.99% of the total contract labor hours.
- ☐ I request a 3% preference for hiring eligible persons to perform 15 to 19.99% of the total contract labor hours.
- ☐ I request a 4% preference for hiring eligible persons to perform 20% or more of the total contract labor hours.

Section III. CERTIFICATION FOR WORKSITE AND WORKFORCE PREFERENCES

To receive TACPA preferences, the following certification must be completed and signed by the Bidder.

I hereby certify under penalty of perjury that the bidder (1) is a California based company as defined in the TACPA regulations; (2) shall ensure that at least 50% of the labor hours required to complete a contract for Goods, or 90% of the labor hours to complete a Services contract shall be performed at the designated TACPA worksite(s) claimed in Section I; (3) shall hire persons who are TACPA eligible employees to perform the specified percent of total contract labor hours as claimed in Section II; (4) has provided accurate information on this request. I understand that any person furnishing false certification, willfully providing false information or omitting information, or failing to comply with the TACPA requirements is subject to sanctions as set forth in the statutes.

BIDDER'S NAME & TITLE	BIDDER'S SIGNATURE	PHONE NUMBER ()	DATE
		FAX NUMBER ()	

TARGET AREA CONTRACT PREFERENCE ACT PREFERENCE REQUEST FOR GOODS AND SERVICES SOLICITATIONS

Target Area Contract Preference Act References and Instructions

The Target Area Contract Preference Act (TACPA), GC §4530 et seq. and 2 CCR §1896.30 et seq., promotes employment and economic development at designated distressed areas by offering 5% Worksite and 1% to 4% Workforce bidding preferences in specified state contracts. The TACPA preferences do not apply to contracts where the worksite is fixed by the contract terms. These preferences only apply to California based firms, and only when the lowest responsible bid and resulting contract exceed \$100,000. Bidders must certify, under penalty of perjury to perform either 50% (for GOODS contracts) or 90% (for SERVICES contracts) of the labor hours required to complete this contract in the eligible TACPA area worksite(s) identified in Section I on the reverse side of this page. TACPA preferences are limited to 9%, or a maximum of \$50,000 per bid. In combination with any other preference, the maximum limit of the combined preferences is 15% of the lowest responsible bid; and, in no case more than \$100,000 per solicitation.

Section I Worksite Preference Eligibility and Labor Hours

Bidders must identify at least one TACPA Worksite by entering the criteria letter A, B, C, D, E or F in the Criteria column and enter the "Census Tract" and "Block Group" Numbers to be Eligible for the preference. You must name each and every firm or site where 5% or more of the total contract labor hours will be worked. The terms Firm Name or Contract Function may include: Bidder, Shipping, Manufacturer/Processor, Transportation, Warehousing, and/or Administration. Preference request may be denied if an eligible California TACPA Worksite is not identified, or all firms doing at least 5% of the contract labor hours are not identified. Enter one Criteria letter to identify each TACPA Worksite on the reverse page. Criteria C, D & F require a census track map to be submitted with the bid, clearly showing the census track/block group numbers.

- A. The firm is located in a California eligible distressed area(s).
- B. The firm will establish a worksite(s) in a California eligible distressed area(s).
- C. The firm is in a census tract block with a contiguous boundary adjacent to a California eligible distressed area. Attach a map to this request, with bid submission.
- D. The firm will establish a worksite(s) located directly adjoining a valid TACPA census tract/block that, when attached to the California eligible distressed areas(s), forms a contiguous boundary. Attach a map to this request, with your bid submission.
- E. The bidder will purchase the contract goods from a manufacturer(s) in a California eligible distressed area(s). **This option applies to solicitation for goods only.**
- F. The bidder will purchase contract goods from a manufacturer(s) in directly adjoining census tract blocks that, when attached to the California eligible distressed area(s), form a contiguous boundary. Attach a map to this request with bid submission. **This option applies to solicitations for goods only.**

Enter labor hours for each listed firm and site. The hours shall be reasonable, shall only include the labor hours necessary and required to complete the contract activities. Artificially increasing hours at a claimed TACPA worksite, or understating labor hours worked outside the eligible worksite may result in a denied preference request. Do not include machine time and non-labor time when projecting contract labor hours. Report all bidder work hours and those of any subcontractor performing this contract. All transportation hours must be reported for each carrier separately and must not be combined or included with hours for manufacturing processing, or administration, or at any eligible TACPA site. Failure to list all the labor hours to be performed at the reportable sites will result in a denial of this preference request.

Bidders must also define the specific hours, by activity, for their firm's contract labor hours on the separate *Bidder's Summary* form.

Bidders must provide a manufacturer's letter that specifies the number of labor hours necessary to make the products. (Form included in this bid solicitation.) **Applies to solicitations for goods only.**

Section II Workforce Preferences

Eligibility to request Workforce preference is based on the bidder first claiming and receiving approval of the 5% TACPA Worksite preference. The Workforce preferences are only awarded if the bidder hires and employs the TACPA qualified individuals. **Workforce preferences will not be approved for another firm's employees.** By claiming a 4% workforce preference the bidder must have its eligible employees perform 20% of the total contract workforce labor hours. See Section I, "Total Projected Labor Hours Total," STD 830. To claim the Workforce preferences, check the appropriate box for percent of requested bid preferences in Section II.

Section III Certification for Worksite and Workforce Preferences

Bidder must sign, under penalty of perjury, the certification contained in Section III to be eligible for any of the preferences offered pursuant to this form. The penalties associated with the TACPA statute are: GC §4535.1, a business which requests and is given the preference by reason of having furnished a false certification, and which by reason of that certification has been awarded a contract to which it would not otherwise have been entitled, shall be subject to all of the following:

- (a) Pay to the State any difference between the contract amount and what the State's cost would have been if the contract had been properly awarded.
- (b) In addition to the amount specified in subdivision (a), be assessed a penalty in an amount of not more than 10 percent of the amount of the contract involved.
- (c) Be ineligible to directly or indirectly transact any business with the State for a period of not less than three months and not more than 24 months.

Prior to the imposition of any sanction under this chapter, the contractor or vendor shall be entitled to a public hearing and to five days notice of the time and place thereof. The notice shall state the reasons for the hearing.

If you win an award based on these preferences you will be required to report monthly on your contract performance, labor hours, and TACPA compliance.

For questions concerning preferences and calculations, or if a bid solicitation does not include preference request forms, please call the awarding Department's contract administrator. Only another California certified small business can use TACPA, EZA or LAMBRA preferences to displace a California certified small business bidder. To identify TACPA distressed worksite census tract and block group numbers, or acquire Maps, contact the local city or county Planning/Economic Development offices of the proposed worksite, or <http://factfinder.census.gov>. Verify the Census Tract & Block numbers for TACPA sites by calling the Department of General Services, Procurement Division TACPA line at (916) 375-4609. Additional TACPA information can be found on the following website: <http://www.pd.dgs.ca.gov/default.asp?mp=/osbcr/main/main.asp>.

**Enterprise Zone Act Preference (EZA) Request
For Goods and Services Solicitations**

SOLICITATION NUMBER	AGENCY/DEPT Health Services
---------------------	---------------------------------------

Enterprise Zone Act (EZA) preferences are available only if the lowest responsible bid and resulting contract exceeds \$100,000. Your firm must be California based. You must certify, under penalty of perjury, to perform either 50% of the labor hours required to complete a contract for GOODS, or 90% of the labor hours required to complete a contract for SERVICES in an eligible enterprise zone worksite(s) you identify in Section I. The EZA provides bid selection preferences of 5% for eligible worksites (Section I), and a 1% to 4% for hiring eligible workforce employees (Section II). EZA addresses can be verified or confirmed with city-county Economic Development Offices or the California Technology, Trade and Commerce Agency website <http://commerce.ca.gov/business/community/entzone.html>

Section I. 5% WORKSITE(S) PREFERENCE ELIGIBILITY AND LABOR HOURS

Preference may be denied if you do not provide the following required information:

- (1) Identify each and every firm to perform 5% or more of the total contract labor hours required to complete this contract.
- (2) List complete addresses for each firm named below.
- (3) Report number of projected labor hours required to perform the contract for each named firm at the worksite.
- (4) Enter the Enterprise Zone Name.
- (5) Identify the California designated EZA worksite(s) by entering the proper **Criteria** letter A, B, or C in the Criteria column.

(1) FIRM NAME and CONTRACT FUNCTION: <small>(Manufacturing, transportation, shipping, warehousing, admin, etc.) Use additional pages, as needed, to fully report worksite information.</small>	(2) WORKSITE ADDRESS Street Address, City, County, State, Zip Code, Phone Number	(3) Projected Labor Hours	Complete for all sites located within the EZA Preference Area(s)	
			(4) Enterprise Zone Name	(5) Criteria (A, B, C)
Total projected labor hours:				

Section II. 1% to 4% WORKFORCE PREFERENCE

Bidders must qualify their firm's worksite eligibility to request an additional 1% to 4% workforce preference in Section II.

- ☐ I request a 1% preference for hiring eligible persons to perform 5 to 9.99% of the total contract labor hours.
- ☐ I request a 2% preference for hiring eligible persons to perform 10 to 14.99% of the total contract labor hours.
- ☐ I request a 3% preference for hiring eligible persons to perform 15 to 19.99% of the total contract labor hours.
- ☐ I request a 4% preference for hiring eligible persons to perform 20% or more of the total contract labor hours.

Section III. CERTIFICATION FOR WORKSITE AND WORKFORCE PREFERENCES

To receive EZA preferences, the following certification must be completed and signed by the Bidder.

I hereby certify under penalty of perjury that the bidder (1) is a California based company as defined in the EZA regulations; (2) shall ensure that at least 50% of the labor hours required to complete a contract for Goods, or 90% of the labor hours to complete a Services contract shall be performed at the designated EZA worksite(s) claimed in Section I; (3) shall hire persons who are EZA eligible employees to perform the specified percent of total contract labor hours as claimed in Section II; (4) has provided accurate information on this request to receive EZA preferences. I understand that any person furnishing false certification, willfully providing false information or omitting information, or failing to comply with the EZA requirements is subject to sanctions as set forth in the statutes.

BIDDER'S NAME & TITLE	BIDDER'S SIGNATURE	PHONE NUMBER	DATE
		FAX NUMBER	

Enterprise Zone Act References and Instructions

The Enterprise Zone Act (EZA), GC §7070 et seq., and 2 CCR §1896.100 et seq., promotes employment and economic development at designated Enterprise Zones by offering 5% Worksite and 1% to 4% Workforce bidding preferences in specified State contracts. The EZA preferences do not apply to contracts where the worksite is fixed by the contract terms. These preferences only apply to California based firms, and only when the lowest responsible bid and resulting contract exceed \$100,000. Bidders must certify, under penalty of perjury, to perform either 50% (for GOODS contracts) or 90% (for SERVICES contracts) of the contract labor hours required to complete this contract in the eligible EZA area worksite(s) identified in Section I on the reverse side of this page. EZA preferences are limited to 9%, or a maximum of \$50,000 per bid. In combination with any other preferences, the maximum limit is 15% of the lowest responsible bid; and, in no case more than \$100,000 per bid.

Section I Worksite Preference Eligibility and Labor Hours

Bidders must identify at least one eligible EZA Worksite by entering the EZA Zone Name and the "Criteria" letter A, B, or C in sections 4 and 5 on the reverse side of this form, to be eligible for the 5% preference. In addition the bidder must name each and every firm or site where 5% or more of the total contract labor hours will be worked. The terms Firm Name or Contract Function may include: Bidder, Shipper, Manufacturer/Processor, Transportation, Warehousing, and/or Administration. Preference requests may be denied if an eligible EZA worksite is not identified, or if all firms doing at least 5% of the contract labor hours are not identified. Enter the Criteria to identify each EZA Worksite on the reverse page.

- A. The firm is located in a California designated Enterprise Zone(s).
- B. The firm will establish a worksite(s) in a California eligible distressed EZA area(s).
- C. The bidder will purchase the contract goods from the manufacturer(s) located in a California designated EZA area(s). **This option applies to solicitations for GOODS only.**

Show number of contract labor hours at each listed firm and site. Only include the number of labor hours necessary and required to complete the contract activities. Artificially increasing contract labor hours at a claimed EZA worksite, or understating labor hours worked outside the eligible worksite may result in a denied preference request. Do not include machine time and non-labor time in the number of projected contract labor hours. Report all bidder work hours and those of any subcontractor performing this contract. All transportation hours must be reported for each carrier separately and must not be combined or included with hours for manufacturing/processing, or administration, or at any eligible EZA site. Failure to list all projected contract labor hours to be performed at the reportable site(s) may result in a denial of this preference request.

If providing goods, the bidder must provide a *Manufacturer's Summary form* (included with this solicitation), that specifies the number of projected labor hours necessary to make the product(s).

The bidder must explain, by activity, their firms' projected contract labor hours by completing the *Bidder's Summary form* (included with this solicitation).

Section II Workforce Preference

Eligibility to request Workforce preference is based on the bidder first claiming and receiving approval of the 5% EZA Worksite preference. The Workforce preferences are only awarded if the bidder hires and employs the EZA qualified individuals. Workforce preferences will not be approved for another firm's employees. By claiming a Workforce preference percentage the bidder must have its eligible employees perform the specified percentage of the total contract Workforce labor hours. See Section I, "Total Projected Labor Hours," form STD 831. To claim the Workforce preference, select or check the appropriate box for percent of requested bid preferences in Section II.

Section III Certification for Worksite and Workforce Preferences

Bidder must sign, under penalty of perjury, the certification contained in Section III to be eligible for any of the preferences offered. The penalties associated with the EZA statute are: GC §7084 (g) (1), a business which requests and is given the preference provided for in subdivision (a) or (b) by reason of having furnished a false certification, and that by reason of this certification has been awarded a contract to which it would not otherwise have been entitled, shall be subject to all of the following:

- (a) Pay to the State any difference between the contract amount and what the State's cost would have been if the contract had been properly awarded.
- (b) In addition to the amount specified in subparagraph (A), be assessed a penalty in an amount of not more than 10% of the amount of the contract involved.
- (c) Be ineligible to directly or indirectly transact any business with the State for a period of not less than 3 months and not more than 24 months.

Prior to the imposition of any sanction under this chapter, the contractor or vendor shall be entitled to a public hearing and to five days notice of the time and place thereof. The notice shall state the reasons for the hearing.

If you win an award based on these preferences you will be required to report monthly on your contract performance, labor hours, and EZA compliance.

For questions concerning preferences and calculations, or if a bid solicitation does not include preference request forms, please call the awarding Department's contract administrator. Only another California certified small business can use TACPA, EZA or LAMBRA preferences to displace a California certified small business bidder.

To locate California designated EZA sites contact the website <http://commerce.ca.gov/business/community/entzone.html> or the city or county Planning/Economic Development offices for the proposed Worksite location, or the California Technology, Trade and Commerce at (916) 324-8211. Additional information is located the following website <http://www.pd.dgs.ca.gov/default.asp?mp=../osbcr/main/main.asp>.

Attachment 12

**State Of California
Department Of Health Services
Small Business Preference**

NOTICE TO ALL BIDDERS: Section 14835, et seq. of the California Government Code requires that a five percent preference be given to bidders who qualify as a small business. The rules and regulations of this law, including the definition of a small business for the delivery of service, are contained in Title 2, California Code of Regulations, Section 1896, et seq. A copy of the regulations is available upon request from the Department of General Services (DGS). To claim the small business preference, which may not exceed \$50,000 for any bid, your firm must have its principal place of business located in California, have a completed application (including proof of annual receipts) on file with the appropriate office of the DGS (formerly referred to as the Office of Small and Minority Business Certification and Resources [OSBCR]) by 5 p.m. on the date bids are opened, and be verified by such office. In addition, the firm must meet all the requirements specified to be certified as a small business by the appropriate office of the DGS (formerly OSBCR). Questions regarding the preference approval process should be directed to the DGS at (916) 375-4940 or (800) 559-5529 (live operator).

Details about claiming this preference for RFP 04-35855 can be found in Section Q of the RFP, entitled Preference Programs.

Are you claiming preference as a small business? ☐ Yes ☐ No

The Bidder, by checking the applicable line, represents that it operates as:

- | | |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Unincorporated Association |
| <input type="checkbox"/> Corporation, incorporated under the laws of the State of California | |
| <input type="checkbox"/> Non Profit Corporation, incorporated under the laws of the State of California | |
| <input type="checkbox"/> Other (Please Identify) | _____ |

COMPANY NAME: _____

SIGNATURE: _____
(Printed Name of Signatory)

TITLE: _____ DATE: _____

Attachment 13**Conflict of Interest Compliance Certificate**

- A.** The Department of Health Services (DHS) intends to avoid conflicts of interest or the appearance of conflicts of interest on the part of the Proposer/Contractor, Subcontractors, or employees, officers or directors of the Proposer/Contractor or Subcontractors. Thus, DHS reserves the right to determine, at DHS' sole discretion, whether any information received from any source indicates the existence of a potential or actual conflict of interest.
- B.** The term "Interest" for purposes of conflict of interest shall include any ownership of a partnership, S Corporation, or Limited Liability Corporation. An "Interest" shall also be evidenced by any loan, whether corporate, personal, secured or unsecured. The term "Proposer/Contractor" for purposes of conflict of interest includes the Proposer, Contractor, and Subcontractors, and the employees, officers and directors of these entities. The term "Subcontractor" for purposes of conflict of interest is limited to those individuals or entities who contract with the Proposer/Contractor to perform any part of the Scope of Work for this contract.
- C.** If the Proposer/Contractor has a suspected or potential conflict of interest, the Proposer/Contractor shall provide a description of the relationship and a Conflict Avoidance Plan for ensuring that such a relationship will not adversely affect DHS, and setting forth procedures to guard against the existence of an actual conflict of interest. Any of the following instances would be considered a potential "conflict of interest", including, but not limited to any instance in the past, present or future:
1. Where the Proposer/Contractor contracts with any Medi-Cal managed care health plan, provider, or billing agent for Medi-Cal services.
 2. Where the Proposer/Contractor has an Interest in a Medi-Cal managed care health plan, provider, or billing agent or Medi-Cal services.
 3. Where the Medi-Cal managed care health plan, provider, or billing agent for Medi-Cal services has an Interest in the Proposer/Contractor.
 4. Where a Proposer/Contractor's officer, director or employee, or a spouse or dependent child, is employed by a Medi-Cal managed care health plan, provider, or billing agent for Medi-Cal services or has an Interest in a Medi-Cal managed care health plan, provider, or billing agent for Medi-Cal services.
 5. Where pursuant to the Political Reform Act (Government Code Section 87100-87500), a DHS official has an economic Interest in the Proposer/Contractor and the official makes, participates in the making of, or uses his or her official position to influence the making of a decision involving the Proposer/Contractor, where it is reasonably foreseeable that the decision could materially affect the official's economic Interest.
 6. Where pursuant to Government Code Section 1090 et seq., a DHS official participates in the making of a contract with the Proposer/Contractor and the official is financially interested in the contract.

Attachment 13

- D.** Any form of ownership or interest held through the ownership of a publicly trade mutual fund shall not be deemed a conflict of interest solely on the basis of mutual fund ownership. Ownership of publicly traded stock by Proposer/Contractor, in a corporation which owns or controls a Medi-Cal managed care health plan, provider, or billing agent for Medi-Cal services must be reported to DHS if the stock ownership is at least five percent of the outstanding stock in the corporation.
- E.** DHS believes that it is imperative that the Proposer/Contractor not have any contractual or financial relationships to Medi-Cal providers, their representatives, agents, or associations; or to any Medi-Cal managed care health plans. If relationships do exist, the Proposer/Contractor must identify all services that the Proposer/Contractor provided to all Medi-Cal providers, hospitals, clinical laboratories, and pharmaceutical and device manufacturers; to their representatives, agents, or associations; and to all Medi-Cal managed care health plans, since January 1, 2001, including services related to any lawsuit in which DHS was an adverse party to the party for whom the Proposer/Contractor provided services. Further, it must be demonstrated through the proposed Conflict Avoidance Plan how the Conflict Avoidance Plan ensures that such relationships will not impact or adversely affect DHS.
- F.** DHS, in its sole discretion, will determine whether the specific provisions of the Conflict Avoidance Plan satisfactorily address the actual or potential conflicts of interest. DHS, in its sole discretion, may impose requirements for the Conflict Avoidance Plan, which may include, but are not limited to, the following:
1. Termination of contractual obligations that DHS determines create actual or potential conflicts of interest.
 2. Removal of management or staff members from the Proposer/Contractor's identified project team who DHS determines were involved in the relationship creating the conflict of interest.
 3. Creation of an "ethical firewall," with measures to ensure that no information passes between the Proposer/Contractor's identified project team and persons who are not members of the Proposer/Contractor's identified project team.

These requirements will vary, depending on the nature of the actual or potential conflicts of interest, the manner in which those actual or potential conflicts of interest impact the contract, and DHS' determination of the best method for addressing those conflicts of interest.

- G.** If DHS is aware or becomes aware of a known or suspected conflict of interest, the Proposer/Contractor will be given an opportunity to submit additional information to resolve the conflict of interest. A Proposer/Contractor with a suspected conflict of interest will have five (5) working days from the date of notification of the suspected conflict of interest by DHS to provide complete information regarding the suspected conflict of interest. If DHS determines that an actual conflict of interest exists and the conflict cannot be resolved or mitigated to the satisfaction of DHS, before or after the

Attachment 13

award of the contract, the conflict of interest will be grounds for rejection of the proposal or termination of the contract, for cause.

- H.** The Proposer shall include in the Technical Proposal/Required Attachments this Certificate, containing the original signature of an official or employee of the Proposer who is authorized to bind the Proposer.
- I.** This Certificate will be incorporated into the contract, if any, awarded from this RFP. It is understood that this requirement shall be in effect for the entire term of the contract, including extensions, if any. The Proposer/Contractor shall obtain a completed Certificate from each proposed Subcontractor, signed by an authorized representative of the proposed Subcontractor, and submit it to DHS prior to DHS' approval of the Subcontractor.
- J.** The Contractor and each Subcontractor shall notify DHS, Medi-Cal Managed Care Division, at 1501 Capitol Avenue, Suite 71.4001, MS 4414, P. O. Box 997413, Sacramento, CA 95899-7413 within ten (10) business days of any change to the information provided on this Certificate or on any Certificate signed by a Subcontractor.

The undersigned hereby affirms that: **(Check One)**

☐

The statements above have been read and that no conflict of interest exists that would jeopardize the ability of the Proposer/Contractor to perform.

☐

A suspected or potential conflict of interest does exist, and additional information is attached along with a Conflict Avoidance Plan to address the possible conflict of interest.

Signed: _____ Title: _____ Date: _____

Type or Print Name of Authorized Representative:

Voluntary Letter of Intent

Purpose	This is a non-binding Letter of Intent whose purpose is to assist DHS in determining the staffing needs for the proposal evaluation process and to improve future procurements.
Information requested	DHS is interested in knowing if your firm intends to submit a proposal or your reasons for not submitting a proposal.
Action to take	Indicate your intention to submit a proposal by checking items 1 or 2 below. Follow the instructions below your selection.

1. ☐ **My firm intends to submit a proposal.**

- A. Check box number 1 if the above statement reflects your intention.
 B. Complete the bottom portion of this form and return it to DHS as instructed in the RFP section entitled, "Letter of Intent".

2. ☐ **My firm does not intend to submit a proposal for this project.**

- A. Check box number 2 if the statement in item 2 reflects your intention.
 B. Indicate your reason(s) for not submitting a proposal by checking any of the following statements that may apply.
- ☐ My firm lacks sufficient staff expertise or personnel resources to meet the requirements.
 - ☐ My firm lacks sufficient experience (i.e., not enough or wrong type).
 - ☐ My firm believes the qualification requirements are too restrictive.
 - ☐ Not enough time was allowed for proposal preparation.
 - ☐ Too much paperwork is required to prepare a proposal response.
 - ☐ Other commitments and projects have a greater priority.
 - ☐ My firm did not learn about the contract opportunity soon enough.
 - ☐ My firm does not provide the full range of services that DHS is seeking.
 - ☐ My firm is only interested in becoming a subcontractor, consultant or supplier.
 - ☐ My firm cannot meet the DVBE requirements - we do not wish to subcontract any work out.
 - ☐ Too much effort and/or paper work is required to meet California DVBE requirements.
 - ☐ Insufficient time was allowed for DVBE compliance.
 - ☐ Other reason: _____
- _____
- _____

- C. Complete the bottom portion of this form and return it to DHS as instructed in the RFP section entitled, "Letter of Intent".

Name of Firm: _____

Printed Name/Title: _____

Address: _____

Phone/Fax/E-Mail Address: _____

Signature: _____

Date: _____

Attachment 15**Request for Inclusion on Mailing List**

The Department of Health Services (DHS) will continue to provide automatic updates about RFP 04-35855 **only** to prospective Proposers who complete and return this Request for Inclusion on Mailing List form. In order to continue to receive updated information relevant to this RFP, please return this form by 4:00 p.m. on November 18, 2004. However, DHS will remove from its Mailing List all entities from whom it has not received this completed form by that time and will not add entities to the Mailing List until the Office of Medi-Cal Procurement (OMCP) receives the completed form, or a telephonic request as indicated below.

It is incumbent upon any Proposer who has not submitted the Mandatory Request for Inclusion on Mailing List form by 4:00 p.m. on November 18, 2004, but intends to bid on this contract, to monitor the website at <http://www.dhs.ca.gov/omcp> for any administrative bulletins and/or RFP addenda updates to the RFP. A Proposer may also call (916) 255-6032 to request any administrative bulletins and/or RFP addenda updates to the RFP.

Submit this Request for Inclusion on Mailing List form through one of the following methods:

U.S. Mail:	Hand Delivery or Overnight Express/Courier Service:
Mailing List for RFP 04-35855 Robert Marlow CA Department of Health Services Office of Medi-Cal Procurement MS 4200 PO Box 997413 Sacramento CA 95899-7413	Mailing List for RFP 04-35855 Robert Marlow CA Department of Health Services Office of Medi-Cal Procurement 9800 Old Winery Place Sacramento CA 95827
Fax: Mailing List for RFP 04-35855 Robert Marlow Department of Health Services Office of Medi-Cal Procurement FACSys: (916) 464-0855 or Fax: (916) 255-6126	

Name of Proposer:

Mailing Address (*Street address, P.O. Box, City, State, Zip Code*):

Contact Name:	Title:
Telephone number: ()	Fax number: ()

Attachment 16

COST SECTION

Cost Proposal Form
(Part One of Three)

NOTE: DHS may construe any modifications, conditions, alterations, additions, deletions, or changes to the Cost Proposal Form to the RFP as being non-responsive.

Proposer's Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Telephone/Fax Number: _____

Contact Person/Title: _____

Staff Personnel listed in Technical Proposal:

(Staff personnel listed below must agree with the staff listed in the Technical Proposal):

<u>Personnel Class</u>	<u>Name(s)</u>	<u>*Hourly Bid Rate</u>
Senior Health Care Actuary	_____	\$ _____
Health Care Actuary	_____	\$ _____
Management Consultant	_____	\$ _____

* EACH HOURLY BID RATE MUST BE LESS THAN OR EQUAL TO THE HOURLY BID RATE FOR THE PERSONNEL CLASS LISTED ABOVE IT.

DO NOT SUBMIT THIS FORM (PARTS 1, 2 OR 3) AS PART OF YOUR TECHNICAL PROPOSAL PACKAGE. THIS FORM MUST BE SUBMITTED WITH YOUR COST PROPOSAL PACKAGE.

Attachment 16

COST SECTION

Cost Proposal Form
(Part Two of Three)

1. Proposer's Bid Price:

NOTE: DHS may construe any modifications, conditions, alterations, additions, deletions, or changes to the Cost Proposal Form to the RFP as being non-responsive.

<u>Personnel Class</u>	<u>Hourly Bid Rates **</u>	X	<u>Weight</u>	=	<u>Weighted Rates</u>
Senior Health Care Actuary	\$ _____	X	45%	=	\$ _____
Health Care Actuary	\$ _____	X	45%	=	\$ _____
Management Consultant	\$ _____	X	10%	=	\$ _____
Sum of Weights			100%		
Sum of Weighted Rates					\$ _____ (Proposer's Bid Price)

** HOURLY RATE FROM PART ONE. IF BID RATES VARY BY INDIVIDUAL, ENTER HIGHEST BID RATE LISTED FOR THE CLASS IN THIS PARAGRAPH AND ABOVE.

Note: If the Proposer did not include both a Senior Health Care Actuary position and a Health Care Actuary position in its Technical Proposal, the Cost Proposal must show an "N/A" under the appropriate Personnel Class above. If this is the case, the weights will be combined, so that, the combined weight of the Senior Health Care Actuary and Health Care Actuary will equal 90%.

2. Is your firm claiming preference as a Small Business (SBP)? ☐ Yes ☐ No
3. If claiming SBP, enter certification number: _____
4. Is your firm applying for the Target Area Contract Preference? ☐ Yes ☐ No
(a completed Targeted Area Contract Preference Request must be attached. Refer to Attachment 10)
5. Is your firm applying for the Enterprise Zone Act Preference? ☐ Yes ☐ No
(a completed Enterprise Zone Act Preference Request must be attached. Refer to Attachment 11)

Attachment 16**COST SECTION****Cost Proposal Form
(Part Three of Three)**

I, the undersigned, hereby certify that the materials in response to this Request for Proposal (RFP) and the amount offered in this Cost Proposal are true and accurate to the best of my knowledge. The undersigned agrees that the bid amounts offered herein shall remain in effect throughout the full term of the resulting contract, including any and all contract extensions the State chooses to exercise.

In submitting this Cost Proposal Form, Proposer agrees to comply with the sample terms and conditions illustrated in this RFP. The undersigned recognizes that the entire Proposer's Response to the RFP is a public document and open to the public per instructions in the RFP document.

Proposer's Signature:
Printed Name:
Printed Title:
Date: